


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 DEC -6 PM 1:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000080124					
1. Corporation Name E & N MEDICAL REVIEW, INC. 8088 VIA DI VENETO					
2. Principal Office Address 8088 VIA DI VENETO		3. Mailing Office Address 8088 Via Di Veneto			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOCA RATON, FL		City & State Boca Raton			
Zip 33496		Country 33496		Country Palm Beach	
4. Date Incorporated or Qualified To Do Business in Florida 08/15/01					
5. FEI Number 65-11297-4				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

FILED

04 DEC -6 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04

7. Name and Address of Current Registered Agent

Name EJAZ Mohamed Raza Elaine Reiss	
Street Address (P.O. Box Number is Not Acceptable) 8088 Via D. Veneto	
Suite, Apt. #, Etc.	
City Boca Raton	State FL
	Zip Code 33496

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 617.0505 or 617.0503, F.S.

Signature of Registered Agent Elaine Reiss Date 11/15/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors.)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	ELAINE REISS	SAME	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 1107 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Elaine Reiss 11/15/04 561-457-1310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

**E & N MEDICAL REVIEW, INC.
8088 VIA DI VENETO
BOCA RATON, FL 33496**

November 15, 2004

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Enclosed please find a completed Uniform Business Report (UBR) for the 2004 year;
along with a check for \$150 for the annual fee.

I am enclosing this report late because I never received the original. It was my
understanding that my accountants filed this report.

I downloaded a blank reinstatement UBR form from the Internet so that I could file and
pay our obligation as quickly as possible..

Please know that we take our filing obligation very seriously and that there was no
disregard of the rules and that we acted in good faith.

Thank you for your consideration. I can be contacted at 561-451-1310 with all questions
and comments.

Sincerely,

Elaine Reiss
President